

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">099 420 17</div>	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND. DEP. IND. DEP. IND. DEP.
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5							55	
6							56	
7							57	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	4						TOTAL DEP.	
TOTAL CLAIMS	4						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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